

Date

For Office Use Only
Date Received:
Unit Assigned:

Student Family Residence Application L

The personal information requested on this form is used to gain your consent to release and/or obtain your personal information under the authority of the Colleges Act of Alberta, which mandates the provision of programs and services by public colleges, as well as under the authority of sections 33(a) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP). This personal information is protected by the provisions of FOIP Act. Your application will remain on file with the Housing Department for five years. If you have any questions about the collection of this information, contact the FOIP Coordinator, 8115 Franklin Avenue, Fort McMurray, AB T9H 2H7 or by phone at 780-791-4853.

Personal Information:		Keyano College Studer	nt ID:	
Last or Family Name:		Given or First Name: _		
Preferred First Name (if different from abo	ove):			
Current Address:				
Street:		City:		
Province/State:	Postal/Zip Code:		Co	untry:
Telephone & Email Contact Information:				
Home:	Cell:		Work:	
Email Address:(Please print clearly – as all cor	respondence is done b	y email)		
Earliest date family residence is required:				
	Month/Da	•		_
Are you required to provide your current		•	irrent premises	? Yes No
Have you ever lived in family residence be	efore: Yes	No		
If yes, where and when:				
Student Status (for Keyano College Studer	nts only):			
I am currently accepted and registered in:			_ or	
	Faculty of	•	Dip	loma Program
I will be entering year: First year,	Second year,	Third year,	_ Forth year	
Student Families: Please list all persons who will be residing with or younger and living with you a minimum of 10 attached to this form. Acceptable documents i missing, your application will not be processed. doctor's certificate confirming this.	months/year. Docunclude either birth c	iments supporting the nun ertificates, passports, visas	nber of children a or medical recor	nd age of children must be ds. If this information is
Full Name			Age	Relationship
In submitting this application, I certify that I have this form to be true, correct and complete.	ve read and agree to	the eligibility and applicati	on, and declare tl	nat the information reported on
I understand that if I am assigned accommodati terminated by Keyano College and the premises assignment to Family Residence through Keyan	s will need to be vaca	ated immediately. I unders	tand that this app	olication does not guarantee
Applicant Name (please print)		Applicant Sign	nature	